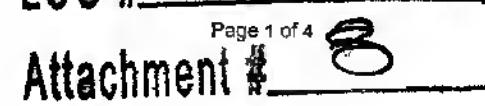


TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 11-NOV-2016	TIME 04:30:00	2. ADDRESS OF OCCURRENCE 1333 N CLEVELAND AVE	3. LOCATION CODE CHICAGO, IL 289	4. BEAT/GRID/COR 1821	5. VIDEO RECORDED INCIDENT 01 BWC 02 IN-CAR CAMERA 03 OTHER REPT VIDEO																																																																				
	6. POSITION 9161	7. LAST NAME BAKER	8. FIRST NAME THOMAS J	9. STAR NO. 14366	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE WHI	12. AGE 601	13. HT. 205																																																																		
15. DATE OF APPT. 27-AUG-2007		16. EMPLOYEE NO. 018	17. UNIT & SEAT OF ASSIGNMENT 1821R	18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																				
SUBJECT INFORMATION	21. LAST NAME JONES	22. FIRST NAME PIERRE	23. M.I.	24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	25. RACE BLK	26. D.O.B. 23-NOV-1963	27. HT. 604	28. WT. 180																																																																		
	29. ADDRESS 1444 N CLYBURN AVE CHICAGO, IL 60610		30. TELEPHONE NO.	31. WAS SUBJECT ARMED? HANDS/PISTOLS, FEET <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. SUBJECT ALLEGED INJURY BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No																																																																			
34. IF SUBJECT INJURED, DESCRIBE INJURY <input checked="" type="checkbox"/> 01 Fatal <input checked="" type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None		35. WHERE WAS MEDICAL TREATMENT OBTAINED? ILLINOIS MASONIC MEDICAL CENTER																																																																								
36. BY WHOM? OR ORTEGA		37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized	<input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 05 Refused Medical Aid			<input checked="" type="checkbox"/> 03 Hospitalized																																																																				
38. CHARGES PLACED		39. CB NO. 19396499	40. CRIMINAL CHARGES PLACED	41. CRIMINAL CHARGES PLACED	42. CRIMINAL CHARGES PLACED	43. CRIMINAL CHARGES PLACED	44. CRIMINAL CHARGES PLACED	45. CRIMINAL CHARGES PLACED																																																																		
<p>***** PLEASE SEE NEXT PAGE *****</p> <table border="1"> <tr> <td>40. 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	OTHER _____																																																																									
	WEAPON DISCHARGE INCIDENT (Check all that apply)	41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)	RANK	STAR NO.	UNIT NO.	42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No																																																																				
		43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	45. DID THE DISCHARGE RESULT IN A SELF-INFILCTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Self-Inf. <input checked="" type="checkbox"/> 03 Yes - Member																																																																						
		46. WEAPON TYPE 01 REVOLVER 02 RIFLE 03 SHOTGUN	04 SEMIAUTO PISTOL 05 CHEMICAL WEAPON 06 TASER (Probe Discharge) 07 OTHER	47. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	48. LIGHTING CONDITIONS 01 Daylight 02 Night 03 Dawn 04 Dusk 05 Poor Artificial 06 Good Artificial	49. WEATHER CONDITIONS CLEAR																																																																				
50. MAKE/MANUFACTURER		51. MODEL	52. BARREL LENGTH	53. CALIBER/GAUGE																																																																						
54. TASER GART ID NO.		55. WEAPON SERIAL NO. (Include Letters)	56. CHICAGO GUN REG. NO.	57. IL FIREARM OWNER ID. NO.	58. HANDGUN CERTIFICATE NO.																																																																					
59. SPECIAL WEAPON CERTIFICATE NO.		60. PROPERTY INVENTORY NO.	61. TYPE OF AMMUNITION USED	62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER	63. TOTAL NO. OF SHOTS MEMBER FIRED																																																																					
64. WHO FIRED FIRST SHOT 01 MEMBER 02 OFFENDER		65. WAS FIREARM RELOADED DURING INCIDENT 01 YES <input type="checkbox"/> 02 NO <input type="checkbox"/>	66. NO OF CARTRIDGES/SHOT SHELLS RELOADED	67. HOW WAS MEMBER'S HANDGUN WORN 01 RT. SIDE (WAIST) 02 LT. SIDE (WAIST)	68. OTHER (Specify)																																																																					
69. HOW WAS MEMBER'S HANDGUN DRAWN 01 STRONG SIDE DRAW 02 CROSS DRAW		70. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED 01 0 - 5 FT. 02 5 - 10 FT. 03 10 - 15 FT. 04 OVER 15 FT.	73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON 01 SUBJECT 02 OTHER PERSON 03 ANIMAL 04 OBJECT 05 SUBJECT & OTHER CATEGORY 06 UNKNOWN 07 NONE 08 ANY OTHER COMBINATION	74. POSITION OF MEMBER DISCHARGING WEAPON 01 STANDING 02 LYING DOWN 03 SITTING 04 KNEELING 05 OTHER (Specify)	75. LOG # 1082902 1631601759 H25108	Page 1 of 4 Attachment # 																																																																		

CASE INFORMATION	77. NOTIFICATIONS (ALL INCIDENTS): <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		
	78. ADDITIONAL INFORMATION		
SIGNATURES	79. REPORTING MEMBER (Print Name) BAKER, THOMAS J 11-NOV-2016 08:54:11	STAR/EMPLOYEE NO.	SIGNATURE
		14366	[REDACTED]
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.			
	80. REVIEWING SUPERVISOR (Print Name) EITEL, LISA A	STAR NO	SIGNATURE
		2075	[REDACTED]
			DATE REVIEWED TIME 11-NOV-2016 09:22:05

75. EVENT NO.

1631601759

76. R.O. NO.

HZ510861

SUBJECT
INFORMATION

40. CHARGES PLACED

720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/21-S-A, 720 ILCS
5.0/12-1-A, 720 ILCS 5.0/12-3.05-D-4, 720 ILCS 5.0/12-3.05-D-4

DNA

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPON'S DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

61. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE DNA REFUSED INTERVIEW NOT CONDUCTED (Specify Reason)

Offender was taken to IL Masonic Hospital directly, so R/Lt was unable to interview him.

62. LIEUTENANT OR ABOVE/INCIDENT COMMANDER COMMENTS

Officer Baker explained that his police radio came out of his vest during the offender's attack. Officer Baker used the radio to hit the offender on the head to terminate the attack. Because of the location of the offender's injury and the instrument used, the R/Lt believes that further investigation is necessary.

63. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN 503-02-05.

64. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

LOG NO. 1082952 OBTAINED

65. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

SCHMEER, PAULA C

66. TRR _____ OF _____ TRR(S)

67. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION, TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO
 - A. INDEPENDENT POLICE REVIEW AUTHORITY, AND
 - B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE

DATE COMPLETED TIME
11-NOV-2016 11:21:14